PTO/SB/21 (08-03) Approved for use through 07/31/2006. OMB 0651-0031 Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. 10/813,722 Application Number **TRANSMITTAL** 3/31/2004 Filing Date **FORM** Joshua D. Rabinowitz First Named Inventor (to be used for all correspondence after initial filing) Art Unit 1615 **Examiner Name** Total Number of Pages in This Submission Attorney Docket Number 00023.03CON **ENCLOSURES** (check all that apply) After Allowance communication Fee Transmittal Form Drawing(s) Appeal Communication to Board Fee Attached Licensing-related Papers of Appeals and Interferences Appeal Communication to Group Petition Amandment Reply (Appeal Notice, Brief, Reply Brief) Petition to Convert a Proprietary Information After Final Provisional Application Power of Attorney, Revocation Affidavits/declaration(s) Status Letter Change of Correspondence Other Enclosure(s) (please Extension of Time Request Terminal Disclaimer identify below): 1. Request for Withdrawal as Attorney or Agent (in triplicate)-3 **Express Abandonment Request** Request for Refund pages 2. Return Receipt Postcard CD, Number of CD(s) ___ Information Disclosure Statement Certified Copy of Priority Document(s) Remarks Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm or Individual name Signature Date Date Date SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Elaine C. Stracker - 43,166 Elaine C. Stracker - 43,166 Elaine C. Stracker - 43,166

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the

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Elaine C. Stracker

1 3 2004

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

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Application Number	10/813,722
Filing Date	3/31/2004
First Named Inventor	Joshua D. Rabinowitz
Art Unit	1615
Examiner Name	
Attorney Docket Number	00023.03CON

To: Commissio P.O. Box 14 Alexandria,	150							
I hereby apply to withdraw as attorney or agent for the above identified patent application.								
The reasons for		•		•	• •			
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Address	Address 1001 East Meadow Circle							
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City		Palo Alto		State	CA		ZIP	94303
Country								
Telephone	-			Fax				<u>.</u>
This request is made on behalf of myself and all the attorneys/agents of record, the attorneys/agents (with registration numbers) listed on the attached paper(s), or the attorneys/agents associated with Customer Number								
This request is enclo	sed in tri	plicate (including any attachments).						
Name	Elaine C	C. Stracker		5		42.5		
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Filing Date	3/31/2004
First Named Inventor	Joshua D. Rabinowitz
Art Unit	1615
Examiner Name	
Attorney Docket Number	00023.03CON

To: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450								
I hereby apply to withdraw as attorney or agent for the above identified patent application.								
The reasons for this request are:								
This request is being made for the reason that the Assignee no longer retains the attorney of record as an employee. The Assignee is currently handling their own patent prosecution.								
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Firm or Individual Name IP Department (Alexza MDC)								
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This request is made on behalf of myself and all the attorneys/agents of record, the attorneys/agents (with registration numbers) listed on the attached paper(s), or the attorneys/agents associated with Customer Number								
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Name 1	Elaine C	C. Stracker	Т					
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NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.								

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Filing Date	3/31/2004	
First Named Inventor	Joshua D. Rabinowitz	
Art Unit	1615	
Examiner Name	-	
Attorney Docket Number	00023.03CON	

To: Commissioner for P.O. Box 1450							
Alexandria, VA 22313-1450 I hereby apply to withdraw as attorney or agent for the above identified patent application.							
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Address	1001 East Meadow Circle						
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This request is made on behalf of myself and							
all the attorneys/agents of record,							
the attorneys/agents (with registration numbers) listed on the attached paper(s), or							
the attorneys/agents associated with Customer Number							
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